## STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

# RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of Lobbyist(s) Michael	O'Brien		DEPARTMENT OF STATE
II. Name of lobbyist's partnershi		y:	
America Votes			
(Name of partners)	nip, firm or corporation)		
10 Dixon Ave	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 225-1932	( )	<sub>e-mail</sub> mobrie	n@americavotes.org
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions	which are not attributable to	any one client).	
All reportable transactions occ	urring in the months prior to th	he reporting date relative to t	he following client:
America Votes			
	of Client as it appears on the Lob	byist Registration Form)	
OR  All reportable transactions by the unrelated to any particular client.	ne lobbyist (including the lobb	oyist's family), or the lobbyir	ag firm listed below which are
October 3	2018	July 25, 2018   activity from 4/1/18 to 6/30/1  January 30, 2019   activity from 10/1/18 to 12/3	
V. There have been no fees re If this box is checked, complete jus Concord, NH 03301.			
VI. Check if additional reports a	re attached:		
If you have received fees or m		le Addendum A- Fees and I	Expenses
☐ If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, you	ı must file <b>Addendum B</b> – R	eport of Honorariums or
☐ If you, your firm, or your fami	ly has made political contribu	tions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my known and complete to the best of my known and the statement of	SA 14-C and RSA 664 and he		
(Signature of lobbyist)	·	1-30-13	nte)
Michael O'Brien		·	
(Print Name of lobbyist)			